FAMILY PLANNING IN MALTA

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Introduction

In response to growing demands for family planning (F.P.) as well as recognition of the need for changes in family structure, F.P. services have been set up and developed.

The official organisations currently dealing with family planning (F.P.) and related topics in Malta, are the following:

1. **The Cana Movement:**

   This organisation is run by the Catholic Church and it is often thought of as the Church Marriage Agency, being in fact the principal agency dealing with marriage and family work in Malta.

2. **Life-Skills Educational Programme for School-Children:**

   This is a three-day programme organised for school-children (3rd, 4th and 5th formers) by the Guidance and Counselling Unit of the Education Department, which includes sex education as one of the subjects presented for discussion. Whilst the biological aspects of reproduction are dealt with in detail, the main emphasis of the course is to provide students with the moral principles that must accompany sexuality and sexual activity.

3. **The Family Welfare Clinics:**

   These clinics are run by the Government and they provide free F.P. services for all; under-age patients must, however, be accompanied by a parent or guardian. Patients presenting for family planning are counselled on the different methods of contraception available; after the patient's medical and social histories have been taken and a medical check-up carried out, the patient is helped to reach a F.P. decision based on medical considerations as well as personal preferences.

   With the increasing availability of contraceptive methods, health care professionals have placed particular emphasis on educating and counselling individuals and helping them select the most appropriate birth control method.

The following studies were carried out in order to evaluate:-

(1) The family planning service-delivery at the Family Welfare Clinics.

(2) The family planning knowledge of patients attending the Family Welfare Clinics.

(3) Maltese medical practitioners' attitudes towards family planning.

(4) Pharmacists' attitudes towards their role in family planning

Methodology and Results

Study 1

Family Planning Service-Delivery at the Family Welfare Clinics

Trends in prescribing habits at the clinics, as well as the prevalence of different contraceptive methods and the characteristics of users were studied from four hundred and fifty-six case histories, selected at random, of patients attending the clinics in different localities. The following data were obtained from each file: age; marital status; parity; occupation (of both patient and spouse/partner); social history; family history; medical history; contraceptive method currently in use and contraceptive history; problems experienced with current contraceptive method and reasons for discontinuing previous methods. These results were compared to statistics obtained from a similar study carried out in 1986 (Rizzo Naudi; 1988) on 559 patients attending the Paola Family Welfare Clinic.

It was found that all the patients were female and only three were unmarried; the majority of patients were of low social status, only 1.53% having professional status. The most striking finding was the high prevalence of the intra-uterine contraceptive device (IUCD) amongst patients attending the clinics; the prevalence of the different contraceptive methods are shown below, in comparison to the findings obtained in 1986.

Method of contraception being used	% of patients * using the method in 1991	% of patients ** using the method in 1986
IUCD	44.5	52.8
Combined Oral Contraceptives (COCs)	20.4	15.6
Progestogen-Only Pill (POP)	2.9	-
Natural Family Planning (NFP)	8.9	2.7
Condoms	6.4	1.1
Diaphragm	1.8	0.4
Coitus Interruptus (C.I.)	9.6	14.8
No method	5.8	4.3

* no. of patients 456
** no. of patients 559

The mean age of patients was not found to have changed significantly over the period 1986 to 1991. However there was an increase in the number of younger patients attending the clinics with the percentage increasing from 0.7 to 1.97 for patients in the 16-19 age group and from 9.7 to 21.49 for those in the 20-24 age group; the proportion of patients in other age groups did not differ to such a significant extent with the percentages of patients in the 30-34 age group being 30.4% in 1986 and 24.6% in 1991, and those for patients in the 35+ age group being 28.4% and 31.4% respectively.

No medical contra-indications were found in patients using the different contraceptive methods and a trend in prescribing the new low-dose COC-preparations was observed; the POP was generally recommended for lactating mothers whilst the IUCD was used by older women (mean age of 35.09 years) who had completed their families; C.I. was practiced by patients who were not interested in effective F.P. despite the counselling given. Barrier contraceptives and natural methods were used by women of varying ages and NFP was also used by couples in order to help them achieve a pregnancy.

The highest mean parity (3.14) was observed amongst IUCD-users, many of whom (36.4%) had previously practiced C.I. The highest continuation rates (92.18%) were observed amongst patients using IUCDs and

discontinuation was only on a temporary basis, whilst C.I. was formerly practiced by as many as 151 patients currently using effective contraception, and the reasons given for discontinuation were method failure (23.84%) and in response to F.P. advice given at the clinics (41.05%). No significant differences were observed amongst patients attending the different Health Centres.

Study 2

Family Planning Knowledge of Patients attending the Family Welfare Clinics

The level of education on F.P., the factors influencing choice of method and the problems experienced with the contraceptive method in use, as well as the role of the pharmacist in F.P. as perceived by patients, were evaluated by interviewing forty patients attending the Paola Family Welfare Clinic.

The highest degree of knowledge on the contraceptive method in use was found to be amongst patients practicing NFP; however none were aware of the implication of aged gametes in adverse pregnancy outcome. All patients using condoms reported that their use was self-evident; however, only 40% recognised the importance of wearing it before any genital contact and none knew of the reduction in tensile strength caused by the use of oil-based lubricants. The protective action against HIV and other sexually transmitted diseases was unanimously recognised by patients using barriers; however only 20% of patients knew of the protection offered against cervical carcinoma. Knowledge on COCs was mainly related to the possibility of adverse effects, carcinomas and weight gain being the best known (44.4 %), and the health risks posed by smoking more than 5 cigarettes per day (55.5%). Only a minority appreciated the significance of withdrawal bleeding (WTB) (11.11%) and the importance of not prolonging the pill-free interval (22.22%); knowledge on the possibility of drug interactions was found in 33.33% of patients, with antibiotics being the only drugs known to interact with COCs; knowledge on the appropriate course of action to be followed should pills be missed was only found in 11.11%.

Knowledge on the IUCD was largely restricted to the possibility of side-effects commonly experienced in practice, namely the increased incidence of infection (71.4%) and the possibility of spotting and/or increased blood loss (76.1%), as well as the reasons for which the IUCD was indicated for

them (80.9%). Knowledge on the possibility of pregnancy with the IUCD in situ was found in 23.8%, whilst 38.0% were aware of the need for extra protection during the fertile period; only a minority (9.5%) knew of the appropriate time for insertion of the device. Other possible adverse effects quoted by its users (e.g. headache) were unrelated to the device and showed the poor level of education of these patients. None of the IUCD users interviewed mentioned that the device was an abortifacient. Both IUCD and COC users appreciated the importance of regular check-ups (77.7% and 80.9% respectively); in the case of COCs this is likely to have been influenced by the fear of harmful systemic effects being induced by the hormonal agents, which was evident amongst all COC users, none of whom being aware of the non-contraceptive advantages of hormonal contraceptives.

Requests for advice from the pharmacist were mainly reported by COC users (77.7%) and patients practicing NFP (66.6%); only 4.7% of patients using the IUCD requested the pharmacists advice, this being on the use of preparations to treat infections, whilst no patients using barrier contraceptives asked the pharmacist for advice. Requests for advice by NFP users were mainly related to difficulties encountered in the use of these methods, whilst COC users asked the pharmacists advice on adverse effects experienced. Confidence in the pharmacist's professional services was evident amongst COC users, the pharmacist influencing patient choice of method in 44.4% of cases; the pharmacist also influenced the choice of barrier methods in 20% of cases. The main influencing factors in the choice of other methods were the F.P. staff at the clinics for IUCDs (47.6%); the media for barriers (60%); family and friends for COCs (44.4%) and the Cana Movement for NFP (83.5%).

Amongst patients not requesting the pharmacist's advice, the prevalent reason most often quoted by IUCD and COC users was the lack of privacy in the pharmacy. A high proportion of IUCD users (61.9%) also felt that they were not in need of advice, this also being the main reason given by patients using barriers (90%). Patients using NFP and COCs displayed a trust in the good quality of services given by the pharmacist (66.6%).

by 22.5%. Knowledge on the mode of action, side-effects, and individual actions of the hormonal components of COCs was found to be of a high standard; respondents also had a high degree of knowledge on the non-contraceptive advantages of COCs, the significance of withdrawal bleeding (WTB) and the benefits to be gained by the use of the new low-dose COC preparations. However knowledge on the metabolic effects and changes in body chemistry brought about by COCs was found to be deficient, although the main effect, namely the increase in blood clotting factors was recognised by the majority (70%); likewise, a large proportion (45%) knew of the increase in the blood levels of the hormones insulin and prolactin and a further 60% knew of the reduced glucose tolerance and unaffected blood levels of iron.

Moral issues influencing F.P. service delivery were reflected by the refusal to stock IUCDs or order them by request because of its abortifacient action (12.5%), and withholding the sales of condoms to teenagers and young unmarried people because of ethical and moral reasons (30%). Only a minority of respondents (5%) felt that they had an active role to play in educating the public on F.P. and the reasons given by the remainder of respondents for not considering their role in F.P. to be important were: insufficient training in the field of F.P. (50%); inadequate time and privacy in the pharmacy (35% and 62.5% respectively); and the beliefs that contraceptives should not be advocated in a Catholic country (15%) and that contraceptive matters are best discussed with a G.P./gynaecologist (52.5%). Amongst the suggestions given mostly to increase the pharmacist's role in F.P., the distribution of free educational leaflets in the pharmacy was the most popular (82.5%); monitoring of patients for drug interactions and contraceptive side-effects, were also considered to be important ways of playing a more active role in F.P. (72.5 and 67.5% respectively). Out-reach service delivery was not as popular amongst respondents with 17.5% and 35% respectively, believing that the pharmacist may increase his role in society by giving talks to school-children on F.P. and by forming part of the Cana Movement; advising physicians was only considered to be feasible by 10% of respondents.

Discussion

These studies have identified the great need for family planning education of the general public. A finding which was particularly characteristic of patients attending the Family Welfare Clinics was the lack of motivation to seek contraceptive advice prior to attaining the

desired family size. The decisions that indiviudal women make about having children or joining the workforce are embedded in unique socio-economic circumstances (Michaels M.W.; 1987); although these two options need not be mutually exclusive, it appeared that the great majority of patients renounced the jobs they had prior to marriage in favour of child-bearing.

In order to exert their right towards reporductive freedom, couples must have access to both family planning services and supplies, as well as the knowledge to utilize such services. In Malta, the literature on birth control is limited and it is not being directed towards those sectors of society which are particularly in need of it.

The knowledge of patients attending the Family Welfare Clinics was on the whole found to be of a very poor standard, and only those patients practicing NFP had adequate knowledge on the proper use of their method. This is likely to be due to the training offered by the Cana Movement on the practice of NFP, as well as the frequent consultations with the pharmacist, reported by patients, for advice on problems encountered with the use of natural methods.

In order to educate the public on family planning, leaflets have been devised after gathering data on patients' needs and the level of prevailing knowledge. These leaflets provide information on all the different methods of contraception available (NFP; Hormonal contraceptives - COCs and the POP; the IUCD and barrier contraceptives), including their mode of action, correct use, side-effects, advantages and disadvantages and their appropriate indications.

The great majority of pharmacists were willing to disseminate such leaflets from the pharmacy, this being regarded as an important way of extending their role as family planning educators.

The pharmacist's daily contact with a large sector of the healthy population renders him in an excellent position to provide the public with further advice and scientific information should it be requested. Furthermore, as prescriptions for oral contraceptives are usually made for six months, pharmacists also have a role in therapeutic monitoring for drug interactions and side-effects, this being particularly valuable in ensuring safety and satisfaction with contraceptive methods. (Pauncefort Z; 1989. Commonweath Pharmaceutical Association; 1991) Since many pharmacists are unaware of the contribution they can give in

this regard, guidance and training needs to be given so as to enable him to develop these services.

Apart from family planning service-delivery in the pharmacy, a small percentage of respondents were also interested in extending their role by participating in programmes organized by the Cana Movement and in talks given as part of the lifeskills educational programme for school-children organized by the Guidance and Counselling Unit of the Education Department. Since pharmacists are not at present included in these educational programmes, it would be encouraging to see the utilization of their services in co-ordinated programmes, the pharmacist having the potential to offer a valuable contribution by giving scientific information on the different methods of contraception.

Pharmacists' knowledge on the different contraceptive methods was found to be satisfactory but up-dating on certain aspects is required. In order to enhance pharmacists' knowledge on the specific aspects of hormonal contraceptives in which it was found to be lacking, an educational leaflet has been compiled which will serve as an update on COCs as well as a source of reference to requests made at the pharmacy. Knowledge on the part of medical practitioners was found to be in need of up-dating, particularly with regards to the appropriate recommendations specific methods and the decreased health risks offered by the new low-dose COC preparations. In contrast, pharmacists' knowledge on the different hormonal preparations as well as drug interactions was found to be of a high standard; physicians should recognize the pharmacist's expertise in this respect, and should consult with him for the benefit of the patient. Increased collaboration between physicians and pharmacists on family planning issues is therefore to be encouraged, such professional team-work doubtlessly improving their quality of F.P. services being given.

The statistics obtained at the Family Welfare Clinics do not reflect the overall trends in Malta. The large proportion of patients using the IUCD at the clinics differed particularly from the situation observed in private practice, a large proportion of G.P.s refusing to insert the device because of moral issues and its potentially serious adverse effects. A national survey carried out in the United States revealed the low prevalence of use of the IUCD (1%) (Capousis; 1991), whilst a survey carried out in the United Kingdom using a larger cohort of women revealed remarkable differences in choice of contraceptive method with age and marital status of the patients (Hunt; 1990).

The results obtained in this study only reflect the situation in a small proportion of the population. For this reason a national survey is required in order to elucidate the prevalence of different contraceptive methods and the trends in prescribing habits in Malta.

Conclusion

The pharmacist has an important role to play in family planning, primarily in advising and educating the public and other health-care professionals and secondly in monitoring patients for safety and satisfaction with contraceptive methods. These studies have shown that the pharmacist is being under-utilized and whilst guidance and training should be given for the pharmacist to further develop his family planning services, structures should also be set up in order to incorporate these services with those given by other health-care professionals this being for the ultimate benefit of the community.

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